

The resolutions which brought the "County Institutions Commission" into existence on July 16, 1917, follow:

PREAMBLE

Whereas, The increasing volume and growing complexity of the business of the County of Alameda compel its Board of Supervisors from time to time to create new administrative agencies, in order that the service rendered to the people may continue efficient and effective; and

Whereas, In particular, the County Hospital, Tuberculosis Hospital and the County Infirmary constitute a group of county institutions little related in their activities to the other business of the county, but calling for special knowledge, attention and supervisions; and

Whereas, Both from the survey of county institutions made at the request of the Board of Supervisors by the State Board of Charities and Corrections, and from the independent information of the Board of Supervisors itself, it appears that the future needs of such institutions will be best served by vesting in a special commission acting under the Board of Supervisors the administration and direction of such institutions;

RESOLUTION †

Resolved, By the Board of Supervisors of Alameda County as follows:

Section 1. Appointment of Board.—There is hereby created a County Institutions Commission (hereinafter called the Commission) (consisting of six members, to be appointed by the Board of Supervisors. The members shall hold office for the term of eight years, provided that of those first appointed, one shall hold office for three years, one for four years, one for five years, one for six years, one for seven years and one for eight years) from the first Monday in July, 1917. Those first appointed shall classify themselves by lot as to terms of office. Whenever a vacancy occurs in the Commission it shall be filled by the Board of Supervisors from nominees recommended by the State Board of Charities and Corrections, and if for any uncompleted term, said appointment shall be made for the uncompleted balance of the term. Members shall serve without pay. Each member shall have been a resident of the county for at least one year preceding his appointment.

Section 2. Removal of Commissioners.—In cases of misconduct, inability or wilful neglect in the performance of the duties of the office, any member of the Commission may be removed from office by the affirmative vote of four members of the Board of Supervisors. Such member sought to be removed shall be given an opportunity to be heard in his own defense at a public hearing, and shall have the right to appear by counsel and to have process issued to compel the attendance of witnesses, who shall be required to give testimony, if such member of the Commission so requests. A full and complete statement of the reasons for such removal, if such member be removed, together with the findings of fact made by the Board of Supervisors, shall be filed by the Board of Supervisors with the County Clerk and made a matter of public record.

Section 3. Powers and Duties of the Commissioners.—The Commission shall have jurisdiction over the County Hospital, the County Infirmary and the Tuberculosis Hospital of the County of Alameda, of all employees thereof, and of all activities carried on therein, and of all institutions for the sick, injured or infirm maintained and operated by the County of Alameda, not including therein the emergency hospital.

The Commission shall create eligible lists temporary or permanent, covering all places of employment or service in said institutions. Whenever a position in any of said institutions is to be filled, the Board of Supervisors shall make requisition in writing upon the Commission, and the Commission shall certify to the Board of Supervisors the one person having the highest standing on the eligible list for the position; provided, that should there be a person on a reinstatement list for the vacant position, the Commission shall first certify the name of the person or persons having the highest efficiency rating on said list. The Board of Supervisors shall appoint no person to a position in any of said institutions, except such person as is certified to it by the Commission.

The Commission shall grade, classify and group places of employment and of service in said institutions, and shall make provisions for removals, promotions, transfers, lay-offs, reinstatements, suspensions, leaves of absence, appeals, trials; for establishing and changing compensations or titles, giving and holding examinations; probationary periods; and for demotion and discipline, as to all places of employment of service and as to all persons holding positions in any of said institutions. In every matter coming within its jurisdiction which under the laws of the State of California requires action by the Board of Supervisors, the Commission shall certify its action to the Board of Supervisors, which at its next meeting thereafter shall adopt the same by resolution.

As to all said institutions, the Commission shall have jurisdiction over the creation of positions, the compen-

sation and titles of the same, the abolishment of positions and the vacating of the same, and the conduct of all occupants of positions; the design and construction of buildings; and the management, conduct and operation of each institution.

The Commission shall make and enforce rules and regulations to improve and regulate said institutions and the conduct thereof and the efficiency of the same, and to carry out the other purposes of this resolution.

No claim for any salary or compensation for services nor for any supplies or equipment rendered in or furnished to any of said institutions shall be presented to or will be considered by the Board of Supervisors unless the pay roll or claim for the same shall bear the certificate of the Commission by its secretary, that the persons named in the pay roll have been appointed or employed and are performing services in accordance with this resolution and with the rules and regulations of the Commission and that the supplies or equipment have been furnished and received.

Persons holding places of employment or service in said institutions at the time of the passage of this resolution shall continue therein until the Commission shall certify otherwise, pending the formation of the eligible lists hereinabove provided for.

Section 4. This resolution shall take effect immediately.

TWENTY-FIVE YEARS AGO*

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Volume IV, No. 10, October 1906

From some editorial notes:

Our Wicked San Francisco.—A short time ago our "esteemed contemporary" of Philadelphia, *American Medicine*, casually referred to San Francisco, editorially, as "the wickedest city in the United States," and incidentally made some very unpleasant remarks about its "wickedness." And this from Philadelphia! Will *American Medicine* please be good enough to tell us wherein our former wickedness mostly lay? Was it because the people were—and thank the good Lord, still are—a pleasure-loving, cheerful, high-spirited, care-free lot, taking life easy and not at all with undue seriousness, getting all the fun and the pleasure out of each day that may be wrested from it, and not bothering too much about the other fellow's business or his ancestors, so long as he is a good fellow? Or was the epithet applied because of the existence of those world-famous French restaurants, where liberty was directly, and "respectability" inversely as the altitude? Surely, from Philadelphia, "corrupt and complacent" for so many, many years, some more explicit arraignment should be vouched for denying its own supremacy and designating poor scotched San Francisco as the "wickedest city in the land." . . .

Available Locations.—From time to time inquiry is made at the office of the society either for available locations or for men to take such openings. It is a pleasure to be of assistance in these matters, and we trust that no one will ever think it a trouble or bother to the secretary to give his aid whenever possible. Just at the present time there are two or three openings which the right man might secure and develop into good locations. . . .

Bad Books and Good.—No one who practices medicine, and especially no one who does much fracture work, but dreads sooner or later the affliction of the blackmailing malpractice suit. McCormack has said that nine times out of ten some jealous or disgruntled fellow practitioner may be found behind such suits, backing up the plaintiff, if not indeed inspiring him to sue. This is probably true, and the remedy he sug-

† Editor's Note.—These were the original resolutions. The editor has not at hand subsequent amendments thereto.

* This column strives to mirror the work and aims of colleagues who bore the brunt of state society work some twenty-five years ago. It is hoped that such presentation will be of interest to both old and recent members.

gests is ideal—closer and more friendly relations between the members of our profession and more perfect and harmonious organization. . . .

San Francisco Physicians.—From all accounts, the unchecked riot of crime, of "hold up" and robbery, of looting and murdering in San Francisco gets worse rather than better as the weeks go by. It has come to pass that to be on the streets after dark is to court robbery or worse, and to visit certain sections of the city at night is almost to insure this welcome. To physicians, especially, such a condition of things is a constant menace, for the physician may be called at any time to any part of the city. . . .

From an article on "The Seventy-Fourth Annual Meeting of the British Medical Association, Held at Toronto, August 24, 1906 (Reported for the Journal by Dr. Langley Porter.)"

It has been a great pleasure to see American and British physicians fraternizing at this, the seventy-fourth annual meeting of the British Medical Association, which has been, in effect, a gathering of medical men from the English-speaking world. . . .

From an article on "Spiral Organisms in Relation to Syphilis" by Theodore G. Davis, M. D., Los Angeles.

So much interest has been manifested in Schaudinn's announcement of the discovery of the organism causing syphilis, and so positive is the evidence accumulating in its favor, that I am led to ask you to consider with me its value as a means of making an early differential diagnosis of syphilis. . . .

From an article on "Subnormal Accommodation as a Manifestation of Hysteria" by F. B. Eaton, M. D., San Francisco.

The term "subnormal accommodation," which has a considerable vogue, is open to the objection that it is merely a symptomatic title. The condition certainly has been largely overlooked in the routine of eye tests, and the indications it affords for treatment have not been either recognized or utilized as they should. . . .

From an article on "Note on Hydrocyanic Acid Poisoning" by T. C. McCleave, M. D., Berkeley.

The infrequency of recovery after hydrocyanic acid poisoning may perhaps give the following report at least some clinical interest, although it contains no new or important scientific data. . . .

From a news item:

Oakland College Students.—It is a pleasure to note that all of the students graduated from the Oakland College of Medicine and Surgery, recently, passed the examinations of the State Board most creditably. These were the first graduates from that institution and indicate that the promises of high standard, made by the faculty some four years ago when the College started, have been fully kept.

DEPARTMENT OF PUBLIC HEALTH

By GILES S. PORTER, M. D., Director

Relapsing or Spirillum Fever.—(By K. F. Meyer, Consultant to the State Department of Public Health. From the George Williams Hooper Foundation, University of California, San Francisco). Since 1921 it was known that sporadic relapsing fever is indigenous

along the eastern border of California and in Nevada. Previously Meader (1915) saw cases which originated in the Bear Creek Canyon of Colorado, and more recently Weller and Graham (1930 and 1931) reported the endemic occurrence of the disease in central Texas, near Austin. The microscopic demonstration of the spirochaete in California was first accomplished by Briggs in 1921 on the blood smears of two patients who contracted the infection in the vicinity of Polaris, Nevada. Two cases were reported in 1930 from the same region and one from a place eighty miles south of Reno, Nevada. Other cases observed during the same year originated in the mountain regions of southern California. During the months of June and July of this year spiral bodies were again seen in four blood preparations made from patients who had camped in widely separated areas of the eastern California mountain ranges at an altitude above 5000 feet. Data concerning the distribution and frequency of this particular malady would be of greatest value in order to institute preventive measures if practical. The physicians and health officers must assist in the collection of this information. The State Department of Public Health has, therefore, made relapsing fever a reportable disease. It is the purpose of this brief statement to present a description of this very interesting infection.

Clinical Symptoms.—The incubation time is not definitely known. In the cases observed by Briggs the symptoms developed eight days after an insect bite had been noticed. By analogy with other spirochaetal infections it may be assumed that the incubation period is probably under twelve days. Prodromal symptoms are usually absent. The patient is suddenly seized by severe frontal headache and chilliness lasting from fifteen minutes to several hours. The mounting fever may be accompanied by anorexia, nausea, vomiting, and giddiness, which force the patient to take to bed. An examination elicits a temperature of 104 degrees Fahrenheit or higher, increased pulse rate, flushed face, hot skin, coated tongue, a slightly icterus tinge of the conjunctiva, and tender liver margins. In the cases thus far seen the spleen was not definitely palpable. Muscular and joint pains, particularly the thighs and wrists, may be very pronounced. This attack may last two to several days, the symptoms increasing in severity to a crisis which manifests itself in a rapid falling of the temperature to normal, profuse sweating, and an apparent restoration to health. As a rule this is not the end of the disease but merely one paroxysm which is followed by an afebrile interval. A relapse may occur in from five to seven days after the crisis of the first attack. The symptoms may be the same as those noted during the first attack, but it is usual for them to be less severe and of shorter duration. In some cases observed in Nevada and California a second, third, and fourth relapse of the same intensity as the first attack have been recorded. However, complete recovery after the first relapse may take place.

During the initial attack a macular rash and herpes labialis may be present. Constipation is usual although diarrhea may follow the crisis. The urinary findings may be entirely negative and the blood examination reveals during the paroxysms a slight mono- or polynuclear leukocytosis. If the patient is permitted to have repeated paroxysms he loses weight and may exhibit a yellowish icteric discoloration of the skin.

Diagnosis.—The definite diagnosis is easily established by the finding of the spirochete, or *spirochaeta recurrentis*, the causative organism, in the blood during one of the paroxysms. A drop of fresh blood is either examined by direct light or by darkfield illumination. The motile, wave-like or corkscrew-shaped spirals moving back and forth or in circles between the red corpuscles are readily recognized. The india ink method and its modification may take the place of the darkfield illumination. A direct thick or thin smear of the blood and stained by any one of the polychrome stains, such as Wright's or Giemsh's, is equally satisfactory. In case the parasites are few it